

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001154

**Entity Name:** HUNTINGTON LAKES FOUR CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 06, 2015**  
**Secretary of State**  
**CC8554508450**

**Current Principal Place of Business:**

C/O ABILITY MANAGEMENT, INC  
6736 LONE OAK BLVD  
NAPLES, FL 34109

**Current Mailing Address:**

C/O ABILITY MANAGEMENT, INC  
6736 LONE OAK BLVD  
NAPLES, FL 34109

**FEI Number: 59-3562212**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ABILITY MANAGEMENT, INC  
6736 LONE OAK BLVD  
NAPLES, FL 34109 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BLOOM, LUCILLE  
Address 2665 CREEK LANE, #102  
City-State-Zip: NAPLES FL 34119

Title T  
Name HEIL, JAMES  
Address 2660 CREEK LANE, #202  
City-State-Zip: NAPLES FL 34119

Title S  
Name FAHRELENDER, GLORIA  
Address 2655 CREEK LANE, #202  
City-State-Zip: NAPLES FL 34119

Title VP  
Name WIERZEWSKI, RON  
Address 6680 HUNTINGTON LAKES CIRCLE  
UNIT# 102  
City-State-Zip: NAPLES FL 34119

Title D  
Name CACIOPPO, MARLA  
Address 2655 CREEK LANE  
UNIT# 201  
City-State-Zip: NAPLES FL 34119

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LUCILLE BLOOM**

**PRESIDENT**

**04/06/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date